

**Berkeley Law &
Technology Group, LLC**

1700 NW 167th Place, Suite 240
Beaverton, OR 97006
Phone: 503.439.6500
Fax: 503.439.6558

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To: Salvatore A. Cangialosi	From: Howard A. Skaist
Fax: 571.273.8300	Pages: 18
Phone:	Date: December 19, 2005
Our Ref: 012.P1009	CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Please find attached for filing in connection with application no. 09/759,425, entitled SPREAD-SPECTRUM TRANSCEIVER, the following documents:

- Amendment (14 pages)
- Fee Transmittal (1 page in duplicate)
- Petition for Extension of Time (1 page)

****Please disregard the previously submitted amendment that did not have the extension of time paperwork****

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office on:

December 19, 2005

Date of Transmission

Michelle Turner

Name of Person Transmitting Correspondence


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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2005		Complete if Known	
Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	09/759,425
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	1/12/2001
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Bart F. Rice
1,350.00		Examiner Name	Cangialosi, S.A.
		Art Unit	2661
		Attorney Docket No.	012.P1009

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-3703</u> Deposit Account Name: <u>Berkeley Law Group</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Small Entity		Small Entity		Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES									
Fee Description						Small Entity			
						Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)						50	25		
Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent claims						360	180		
Total Claims						Multiple Dependent Claims			
Extra Claims						Fee (\$)	Fee Paid (\$)		
58 - 20 or HP = 19 x 50 = 950									
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims						Fee (\$)	Fee Paid (\$)		
6 - 3 or HP = 2 x 200 = 400									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets						Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =						/ 50 =	(round up to a whole number) x		
4. OTHER FEE(S)								Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									

SUBMITTED BY		Registration No.	Telephone
Signature	<u>Howard A. Skatist</u>	36,008	503.439.6500
Name (Print/Type)	Howard A. Skatist		Date <u>12/19/05</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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		Filing Date	1/12/2001
		First Named Inventor	Bart F. Rice
		Examiner Name	Cargialosi, S.A.
		Art Unit	2661
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	012.P1009
TOTAL AMOUNT OF PAYMENT	(\$)	1,350.00	

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 50-3703 Deposit Account Name: Berkeley Law Group
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
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Total Claims: 58 - 20 or HP = 19 x 50 = 950

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Total Sheets: _____ Extra Sheets: _____ Number of each additional 50 or fraction thereof: _____ Fee (\$): _____ Fee Paid (\$): _____

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Other (e.g., late filing surcharge): _____

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